

3. Number of pages attached

#### **HEALTH ANNUAL STATEMENT**

#### FOR THE YEAR ENDING DECEMBER 31, 2010

OF THE CONDITION AND AFFAIRS OF THE

Priority Health Government Programs, Inc. NAIC Group Code NAIC Company Code 11520 Employer's ID Number Organized under the Laws of Michigan , State of Domicile or Port of Entry Country of Domicile United States Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [X] Other [ ] Hospital, Medical & Dental Service or Indemnity [ ] Is HMO, Federally Qualified? Yes [ ] No [ X ] Incorporated/Organized Commenced Business 10/01/2002 Grand Rapids, MI 49525-4501 1231 Fast Beltline NF Statutory Home Office (City or Town, State and Zip Code) 1231 Fast Beltline NF Main Administrative Office Grand Rapids, MI 49525-4501 616-942-0954 (Area Code) (Telephone Number) (City or Town, State and Zip Code) 1231 East Beltline NE Grand Rapids, MI 49525-4501 Mail Address 1231 East Beltline NE Primary Location of Books and Records (Street and Number) 616-464-8603 Grand Rapids, MI 49525-4501 (City or Town, State and Zip Code) (Area Code) (Telephone Number) Internet Website Address www.priority-health.com Statutory Statement Contact 616-464-8603 Mark Demarest (Area Code) (Telephone Number) (Extension) 616-942-7916 (Name) mark.demarest@priority-health.com **OFFICERS** Title Title Name Name President / Chief Executive Officer Kimberly K Horn Gregory A Hawkins Treasurer / Chief Financial Officer Kimberly L Thomas # Secretary OTHER OFFICERS Vice President James F Byrne **DIRECTORS OR TRUSTEES** Elizabeth Baxter # Nicole Buchanan # James F Byrne Gregory A Hawkins James S Slubowski Kimberly K Horn State of Michigan The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. Kimberly L. Thomas Kimberly K Horn Gregory A. Hawkins President / Chief Executive Officer Treasurer / Chief Financial Officer Secretary Yes [ X ] No [ ] a. Is this an original filing? Subscribed and sworn to before me this b. If no, day of February, 2011 1. State the amendment number 2. Date filed

Catherine H. Sochanek Executive Administrative Assistant 05/12/2016

#### **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

LAHIBH 2 - ACCIDI			DOL AND			
1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
						<b>+</b>
						<b>+</b>
		<b></b>	<b>†</b>			<b>†</b>
			<b>†</b>			<b>†</b>
						1
0299997 Group subscriber subtotal		JU	U	0		J
0299998 Premiums due and unpaid not individually listed	0		1	0		1
0299999 Total group	U	}υ	J	U	lΩ	J
0399999 Premiums due and unpaid from Medicare entities	1,083,393		1	0	0	1,083,393
0499999 Freiniums due and unipala nom weatche entities			0	0	0	1,003,393
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	1,083,393	U	U	0	U	1,083,393

#### **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 00 Dave	6 Nonadmitted	7 Admitted
	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
ndividually Listed Receivables:						
0199998 - Aggregate of amounts not individually listed above.	0	0	0	0	0	
0199999 - Totals - Pharmaceutical rebate receivables	0					
Spectrum Health.		64,588	94,592	0	0	232,944
0299998 - Aggregate of amounts not individually listed above.	52,516	53,199	29,517	0	0	135,232
0299999 – Totals – Claim Overpayment Receivables	126,280	117 ,787	124,109	0		368 , 176
State of Michigan			0	0	0	1,002,451
0699999 - Totals - Other Receivables	914,320		0			1,002,451
				•••••		
0799999 Gross health care receivables	1,040,600	205,918	124,109	0		1,370,62

# **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims											
1	2	3	4	5	6	7					
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total					
Claims Unpaid (Reported)											
			<b>.</b>								
					-						
			<b></b>								
0199999 Individually listed claims unpaid	0	Λ	1	0							
0299999 Aggregate accounts not individually listed-uncovered											
0399999 Aggregate accounts not individually listed-covered	3,203,716		•		1	3,203,716					
0499999 Subtotals	3,203,716	0	0	0	0	3,203,716					
0599999 Unreported claims and other claim reserves	1,200,110			•		12,153,601					
0699999 Total amounts withheld						2,678					
0799999 Total claims unpaid						15,359,995					
0899999 Accrued medical incentive pool and bonus amounts						570 841					

# **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6	Admi	itted				
						7	8				
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current				
Individually Listed Receivables:											
Priority Health	702,156	0	0	0	0	702 , 156	0				
Individually Listed Receivables: Priority HealthPriority Health Managed Benefits		0	0	0	0	97 , 731	0				
0199999 Individually listed receivables	799,887	0	0	0	0	799,887	0				
0199999 Individually listed receivables	799 , 887 7 , 742	0	0	0	0	799,887 7,742	0				
0399999 Total gross amounts receivable	807,629	0	0	0	0	807,629	0				

# EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Priority Health Managed Benefits, Inc Spectrum Health Priority Health Priority Health Managed Benefits, Inc	Management Fees Payable			
Spectrum Health	Medicaid Risk Share	461,041	461,041	
Priority Health	Trade	537,688	537,688	0
Priority Health Managed Benefits, Inc	Trade	220,115	220,115	0
0199999 Individually listed payables		2,107,088	2,107,088	.0
0199999 Individually listed payables 0299999 Payables not individually listed		0	0	0
0399999 Total gross payables		2,107,088	2,107,088	0

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#### ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Priority Health Government Programs, Inc.

#### **EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

	/ U. V. I. U. I. I. U.			<del></del>		
Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers		53.7		0.0	79,717,245	
Total capitation payments	79,717,245	53.7	0	0.0	79,717,245	0
Other Payments:						
5. Fee-for-service	6,611,745	4.5	XXX	XXX		6,611,745
Contractual fee payments	19,983,192	13.4	XXX	XXX	19,983,192	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	· · · ·	
Bonus/withhold arrangements - contractual fee payments		28.4	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX	, , , , , , , , , , , , , , , , , , ,	
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	68,858,504	46.3	XXX	XXX	62,246,759	6,611,745
13. Total (Line 4 plus Line 12)	148,575,749	100 %	XXX	XXX	141,964,004	6,611,745

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4 Average Monthly	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	NONE				
	1.01.				
9999999 Totals			XXX	XXX	XXX

# **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

	1	2	3	4	5	6
Description	Gost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures	 					
Pharmaceuticals and surgical supplies						
Durable medical equipment	 					
Other property and equipment						
6. Total	0	0	0	0	0	0



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Priority Health Government Programs, Inc.

								(LOCATION)		
NAIC Group Code 3383 BUSINESS IN THE STATE OF	Michigan			DURING THE YEAR	2010			NAI	C Company Code	11520
	1	Comprel (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	62,884	1,662							61,222	
2 First Quarter	62,439	1,747							60,692	
3 Second Quarter	63,800	1,799							62,001	
4. Third Quarter	63,434	1,784							61,650	
5. Current Year	63,501	1,681							61,820	
6 Current Year Member Months	758,288	20,674							737,614	
Total Member Ambulatory Encounters for Year:										
7. Physician	595 , 187	7,656							587 , 531	
8. Non-Physician	61,803	795							61,008	
9. Total	656,990	8,451	0	0	0	0	0	0	648,539	(
10. Hospital Patient Days Incurred	20,479	69							20,410	
11. Number of Inpatient Admissions	5,520	20							5,500	
12. Health Premiums Written (b)	180,819,954	1,428,235							179,391,719	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	180,644,511	1,426,331							179,218,180	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	148,575,749	1,306,656							147 , 269 , 093	
18. Amount Incurred for Provision of Health Care Services	150,238,524	1,398,853							148,839,671	

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ \_\_\_\_\_\_0



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Priority Health Government Programs, Inc.

2.

								(LOCATION)		
AIC Group Code 3383 BUSINESS IN THE STATE	OF Consolidated			DURING THE YEAR	2010	-		NA	IC Company Code	11520
	1	Comprel (Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	62,884	1,662	0	0	0	0	0	0	61,222	
2 First Quarter	62,439 .	1,747	0	0	0	0	0	0	60,692	
3 Second Quarter	63,800 .	1,799	0	0	0	0	0	0	62,001	
4. Third Quarter	63,434	1,784	0	0	0	0	0	0	61,650	
5. Current Year	63,501	1,681	0	0	0	0	0	0	61,820	
6 Current Year Member Months	758,288	20,674	0	0	0	0	0	0	737,614	
Total Member Ambulatory Encounters for Year:										
7. Physician	595 , 187	7,656	0	0	0	0	0	0	587 , 531	
8. Non-Physician	61,803	795	0	0	0	0	0	0	61,008	
9. Total	656,990	8,451	0	0	0	0	0	0	648,539	
10. Hospital Patient Days Incurred	20,479	69	0	0	0	0	0	0	20,410	
11. Number of Inpatient Admissions	5,520	20	0	0	0	0	0	0	5,500	
12. Health Premiums Written (b)	180,819,954	1,428,235	0	0	0	0	0	0	179,391,719	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	180,644,511	1,426,331	0	0	0	0	0	0	179,218,180	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	148,575,749	1,306,656	0	0	0	0	0	0	147 , 269 , 093	
18. Amount Incurred for Provision of Health Care Services	150,238,524	1,398,853	0	0	0	0	0	0	148,839,671	

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ \_\_\_\_\_\_0

# Schedule S - Part 1 - Section 2 NONE

Schedule S - Part 2

NONE

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1599999 Totals

# **SCHEDULE S - PART 3 - SECTION 2**

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year													
1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13		
NAIC	_		·	-				Reserve Credit	10	11	Modified			
Company	Federal ID							Taken Other than for			Coinsurance	Funds Withheld		
Code	Number	Effective Date	Name of Company	Location	Type	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance		
92711	35 - 1817054		A((')')			0								
92711		d General Account		Kennesaw, GA		175,443								
	33-1017034 Total Authorize	d General Account	- Non-Affiliates	Netitiesaw, da	SSL/1/A	175,443								
		d General Account				175,443								
			d General Account			175,443								
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175,443

# **SCHEDULE S - PART 4**

	Reinsurance Ceded To Unauthorized Companies												
1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+10+11+12+13 But Not in Excess of Col. 8
						VO							
	• • • • • • • • • • • • • • • • • • • •												
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					ļ								
4400000	T-4-1		<u> </u>										
1199999	ıotal												

# SCHEDULE S - PART 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		1000	milleuj			
		1 2010	2 2009	3 2008	4 2007	5 2006
Α. (	OPERATIONS ITEMS					
1.	Premiums	2	2	2	2	2
2.	Title XVIII-Medicare	0	0	0	0	0
3.	Title XIX-Medicaid	174	206	186	165	155
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total hospital and medical expenses		0	0	0	0
В. І	BALANCE SHEET ITEMS					
6.	Premiums receivable		0	0	0	0
7.	Claims payable		0	0	0	0
8.	Reinsurance recoverable on paid losses	0	0	0	0	0
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)	0	0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

# **SCHEDULE S-PART 6**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	Restatement of Balance Sheet to identify Net C	redit i di Cede	u Nellisulai	ICE
		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)		175,443	36 , 166 , 552
2.	Accident and health premiums due and unpaid (Line 15)	1,083,393		1,083,393
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	(175,443)	(175,443)
5.	All other admitted assets (Balance)	2,290,205		2,290,205
6.	Total assets (Line 28)	39,364,707	0	39,364,707
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	15,359,995	0	15,359,995
8.	Accrued medical incentive pool and bonus payments (Line 2)	570,841		570,841
9.	Premiums received in advance (Line 8)	945,764		945,764
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	0		0
11.	Reinsurance in unauthorized companies (Line 20)	0		0
12.	All other liabilities (Balance)	2,392,879		2,392,879
13.	Total liabilities (Line 24).	19,269,479	0	19,269,479
14.	Total capital and surplus (Line 33)	20,095,228	XXX	20,095,228
15.	Total liabilities, capital and surplus (Line 34)	39,364,707	0	39,364,707
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool.	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	(175,443)		
21.	Total ceded reinsurance recoverables	(175,443)		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	0		
26.	Total ceded reinsurance payables/offsets			
27	Tabel and any distance and advantage of	(175 442)		

27. Total net credit for ceded reinsurance

# SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

	Allocated By States and Territories  Direct Business Only						
		1 Life (Group and	2 Annuities (Group	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type	6
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals
1. Alabama	AL						
2. Alaska							
3. Arizona							
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL.						
15. Indiana							
16. lowa	IA						
17. Kansas	KS						
18. Kentucky						ļ	
19. Louisiana							
		·····					·
	ME						
21. Maryland	MD						
22. Massachusetts 23. Michigan 24. Minnesota	MA						·
23. Michigan	Ml						·····
25. Mississippi							
26. Missouri	MO	•					
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	MM						
33. New York	NY						
34. North Carolina							
	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon							
39. Pennsylvania							
•						<u> </u>	<u> </u>
40. Rhode Island							
41. South Carolina							
	SD	····				····	l
	TN						
	TX						<b></b>
45. Utah							
46. Vermont	VT						
47. Virginia		ļ				ļ	ļ
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI	<u> </u>					ļ
51. Wyoming							
52. American Samoa							
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands							
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57 Canada							-
57. Canada							

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# SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions 35,550,000	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments		Management Agreements and Service Contracts (14,485,090) 118,829,321 (93,131,338)	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
12208	20 - 1529553 38 - 3085182 38 - 2715520	Priority Health Insurance Company. Priority Health Managed Benefits. Priority Health Priority Health Government Programs. Spectrum Health System.		35,550,000			(14,485,090)				21,064,910	
05504	38 - 3085 182	Priority Health Managed Benefits	- 000 000	/05 550 000\			118,829,321			/F 000 070\		
95561 11520	38-2/15520	Priority Health	5,000,000	(35,550,000)			(93, 131, 338)			(5,830,376)	(129,511,714)	
1 1520	32-0016523 38-3382353	Priority Health Government Programs.	(5,000,000)				(11,212,893)			5,830,376	(16,212,893)	
	აი-ააი∠ათა	Spectrum nearth System.					U					
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9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

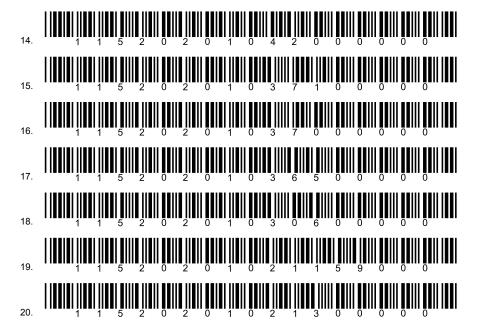
#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES.
which to	lowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code ment is required of your company but is not filed for whatever reason enter <b>SEE EXPLANATION</b> and provide an explanation following the interrogatory are accepted in lieu of filing a "NONE" report and a bar code	will be printed below. If the
44	MARCH FILING	NO
11.		NONONO
12.	••	
13.		NONO
14.		NU
15.	, , , ,	NO
16.	·	N0N0
17.	·	
10	APRIL FILING  Will the Long Term Care Experience Penerting Forms be filed with the state of demicile and the NAIC by April 12	NO
18.		NO
19. 20.	·	NO
21.		YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
23.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
	NATION:	
11.		
12.		
13.		
14.		
15.		
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BAR C	ODE:	



#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



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